

**Request for Immigration or Visa Assistance. USCIS Requires the Applicant's and Beneficiary's Full Name, Date of Birth, and Country of Birth. It also requires any assigned Receipt and Alien Registration Numbers The Department of State Requests the Visa Applicant's Passport Number.**

**Please Provide Your Full Name and Residence Address in the District of Columbia**

First Name

Middle Name

Last Name

D.C. Residential Address Including Street, Quadrant, and Apartment or Unit

Zip Code

Phone

E-Mail

Date of Birth (MM/DD/YYYY)

Birth Country

Alien Registration Number

**Please Provide the Beneficiary's or the Visa Applicant's Identifying Information, If Applicable.**

First Name

Middle Name

Last Name

Date of Birth (MM/DD/YYYY)

Birth Country

Alien Registration Number

USCIS Receipt Number 3 Letters and 10 Characters or SEVIS Number N and 9 Characters

State Dept. File Number 3 Letters and 10 Digits

Passport Number

Where Filed

Date Filed (MM/DD/YYYY)

Please Indicate the Form or Form(s) Filed:

DS-160

DS-230

DS-260

DS-3035

I-90

I-129

I-129F

I-130

I-131

I-140

I-485

I-589

I-600A

I-730

I-751

I-765

N-400

N-565

N-600

Other Forms Filed

Interview (MM/DD/YYYY) If Applicable

**State the Result Wanted**

**Additional Space on the Reverse. Required Fields are in Red**

First Name

Middle Name

Last Name

Feel free to add additional information, attach additional sheets, and copies, not originals, of relevant documents. USCIS and State Department receipts and recent contain helpful information.

If you prefer to receive your mail at a business, post office box, or other address, please provide it below:

**The Person Who is the Subject of the USCIS Records, i.e. Signed the Application or Petition, or the Person Inquiring About a Non-Immigrant Visa Application Must Complete the Section.**

I certify, under penalty of perjury, that: 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and, 3) All of this information is complete, true, and correct.

I,

First Name

Middle Name

Last Name

authorize the Department of Homeland Security, U.S. Citizenship & Immigration (USCIS), U.S. Immigration & Customs Enforcement, U.S. Customs & Border Patrol, the Executive Office of Immigration Review, and the Department of State to release such personal information necessary and relevant to respond to the matter stated in this request to Congresswoman Eleanor Holmes Norton and to her Staff. I authorize Congresswoman Eleanor Holmes Norton and to her Staff to request and to access to all records and reports relevant to my request for assistance.

Signature in Ink

Date Signed (MM/DD/YYYY)

**Sign, scan, and e-mail your request to: [Norton.Casework@Mail.House.Gov](mailto:Norton.Casework@Mail.House.Gov) or mail it to:**

Congresswoman Eleanor Holmes Norton  
90 K Street NE, Suite 100  
Washington, DC 20002

Voice: 202-408-9041

FAX: 202-408-9048

